

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		APPROPRIATE ALZNDZHT		APPROPRIATE ALZNDZHT	
	DID	DEP	DID	DEP	DID	DEP
1						
2						
3						
4						
5						
6						
7						
8		3				
9		3				
10		3				
11		3				
12		1				
13		1				
14		3				
15		1				
16		1				
17		3				
18		5				
19		5				
20						
21						
22						
23	1					
24						
25						
26						
27						
28	1					
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42	1					
43						
44						
45						
46						
47						
48						
49	1					
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		APPROPRIATE ALZNDZHT		APPROPRIATE ALZNDZHT	
	DID	DEP	DID	DEP	DID	DEP
51						
52						
53						
54	1					
55						
56						
57						
58						
59						
60		4				
61		4				
62	1					
63						
64	1					
65						
66	1					
67						
68						
69	1					
70						
71	1					
72						
73	1					
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	12					
TOTAL DEP.	95					
TOTAL CLAIMS	107					